NCSD

National Coalition of STD Directors

Promoting Sexual Health Through STD Prevention

September 27, 2012

Michigan House of Representatives
Health Policy Committee
Representative Gail Haines – Chair
124 North Capitol Avenue
P.O. Box 30014
Lansing, MI 48909-7514

Dear Madame Chair and Members of the Committee:

Thank you Madame Chair and Members of the Committee for the opportunity to deliver written testimony regarding the public health practice known as Expedited Partner Therarpy (EPT).

My organization, the National Coalition of STD Directors (NCSD), works toward the development of systemic change and promotion of sexual health of the policies that govern sexually transmitted diseases (STDs). We are a membership organization representing health department STD directors, their support staff and community-based partners across 50 states, seven large cities and eight US territories. We use the collective knowledge and experience of our members to successfully advocate for STD policies, programs and funding that helps promote and protect the sexual health of every American. We are proud to say that several employees at the Michigan Department of Community Health are NCSD members.

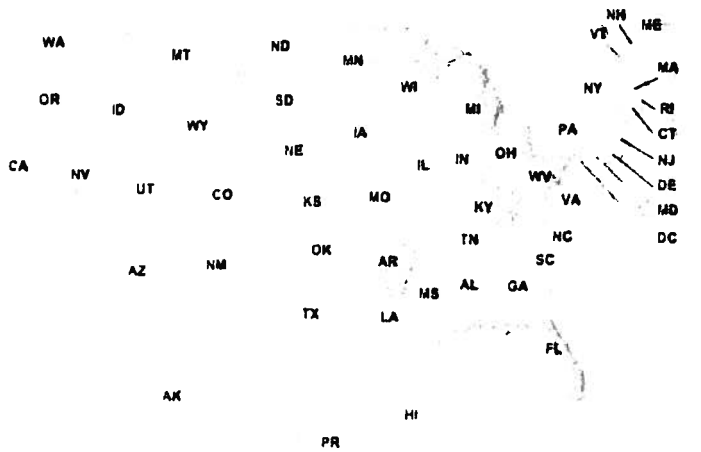
We unequivocally support the use of EPT for several reasons. First, scientific studies demonstrate the practice's efficacy. Studies repeatedly show that patients who receive EPT are far less likely to become reinfected with Chlamydia and gonorrhea. These findings are not surprising. Patients that receive EPT can deliver antibiotics or written prescriptions to their sexual partner(s), increasing the likelihood that their partner's STDs are treated and thus preventing the patient's reinfection.[1]

Secondly, EPT saves the scarce resources of the healthcare system and of health departments. Because EPT reduces reinfection rates, fewer patients return to healthcare providers for repeated treatment, and this minimizes the cost borne by the healthcare system. Similarly, EPT essentially allows medical professionals to treat a patient's infected sexual partner(s) without seeing them in a clinic or hospital, again reducing the financial strain on the healthcare system. Additionally, EPT can be more cost effective than other more traditional methods of partner contact and treatment used by public health departments. To treat a patient's sexual partner(s), health department personnel must often locate the patient's sexual partner(s)—a sometimes laborious and expensive task—and then encourage the partner(s) to obtain treatment at a local healthcare

provider. EPT, however, allows the patient to deliver medications and obviates the need for health department staff to engage in costly partner location and contact.[1,2]

Finally, EPT is safe. In 2001, California became the first state to legalize EPT. Over the last 11 years of use, no adverse effects were reported.[3] Nearly half of nurses and physicians in California report using EPT.[4] Most states followed in California's footsteps by legalizing EPT.[5]

EPT is permissible in 32 states:	EPT is potentially allowable in 11 states:	EPT is prohibited in 7 states:



Again, thank you for the opportunity to deliver testimony to your committee. We hope the information provided in this testimony is helpful in your deliberations. We are happy to answer any questions. Feel free to contact our State Policy Associate, Burke A. Hays, MPH at bhays@nesddc.org or 202-618-4035.

Best regards,

William A. Smith
Executive Director - National Coalition of STD Directors

1. Golden, Matthew R., et al. "Effects of expedited treatment of sex partners on recurrence of persistent gonorrhea or chlamydia infections." *New England Journal of Medicine*. 2005; 352:7, 676-85.
2. Gift, TL et al. "The cost and cost-effectiveness of expedited partner therapy compared with standard partner referral for the treatment of chlamydia or gonorrhea." ***Sexually Transmitted Diseases***. 2011; 38(11):1067-73.
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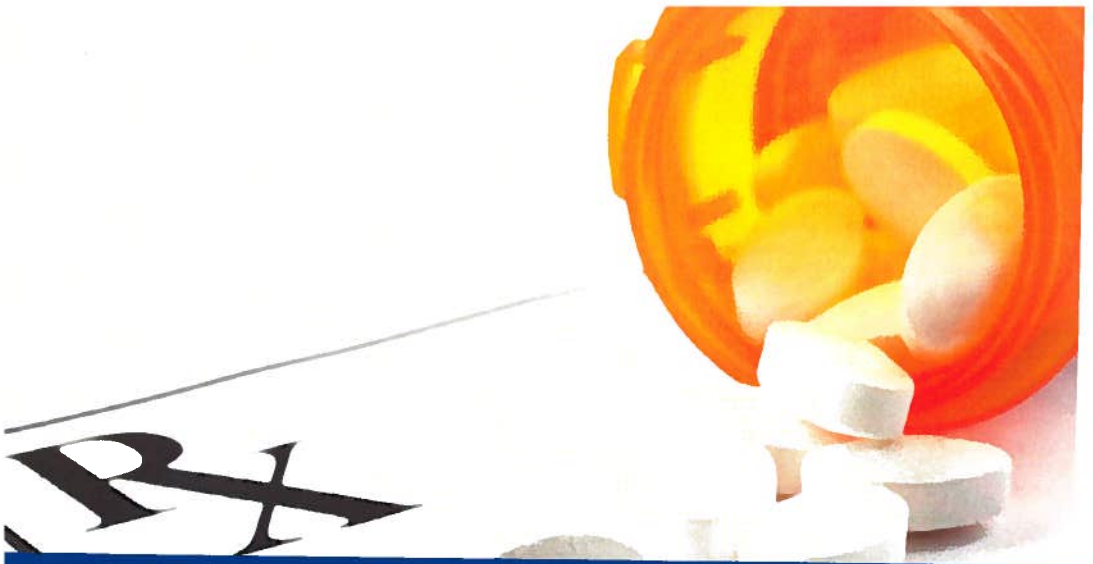
4. Packel LJ, Guerry S, Bauer HM, et al. Patient-delivered partner therapy for chlamydial infections: attitudes and practices of California physicians and nurse practitioners. *Sex Transmitted Disease*. 2006; 33:458-63.
5. Centers for Disease Control and Prevention. "2010 Sexually Transmitted Diseases Surveillance." Atlanta, GA: US Department of Health and Human Services. Access February 2, 2012 via:



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The Council of State Governments
Sharing capitol ideas.

Expedited Partner Therapy: Reducing Health Care Costs and Creating Healthy Communities

What is Expedited Partner Therapy?

- Expedited partner therapy (EPT) is an option for treating the sexually transmitted diseases chlamydia and gonorrhea.
- Typically when a patient tests positive for these sexually transmitted diseases (STDs), they are treated with antibiotics by a clinician. Treatment of the patient's sexual partner(s) is crucial to preventing reinfection of the patient. Conventional methods of ensuring treatment of a patient's sexual partners include:
  1. Direct contact by the clinician with a patient's sexual partner(s);
  2. A patient encouraging his/her partner(s) to visit a clinician; or
  3. A patient providing the name(s) of his/her partner(s) to health workers to contact.[1]
- EPT enables healthcare professionals to provide patients with either antibiotics or prescriptions for antibiotics to their sexual partner(s) without a visit by the partner(s) to a health care center.
- EPT's legal status is different in every state. To find out more about your particular state, please visit: www.cdc.gov/std/ept/legal.

Why Use EPT? It Works!

- Traditional sexual partner referral is both a resource and time intensive option for STD control, and is increasingly limited given the decreasing financial and personnel resources in public health programs.
- EPT allows a health care provider to get treatment to a low-income or uninsured individual without a costly office visit or unduly taxing public health department staff.
- EPT is recommended by the Centers for Disease Control and Prevention (CDC).[2]
- Patients diagnosed with gonorrhea or chlamydia who received EPT were:
  - More likely to report that all of their sexual partners were treated than those who were told to refer their partners for treatment;
  - Less likely to report having sex with an untreated partner; and
  - Less likely to be diagnosed with another infection at a follow-up visit.
- States issue clinical care guidelines specifying the types of patients and antibiotics best suited for EPT through laws and policies.
- EPT is more successful than traditional patient referral approaches in getting antibiotic treatment to sexual partners.[2]

EPT Success Stories

- In Washington state, currently over one-third of all heterosexuals with chlamydia or gonorrhea receive EPT for their partners, and over half of those using EPT are offered medication.
- In California, nearly half of physicians and nurse practitioners report using EPT. California's partner treatment rate with EPT is 80%-- the same partner treatment rate for those who agreed to bring their partners with them to the clinic.
- In 2001, California was the first state to authorize EPT and after over ten years of use, no adverse effects have been reported.

The Health Burden of Chlamydia and Gonorrhea

- Almost 1.3 million cases of chlamydia and almost 309,000 cases of gonorrhea were reported in the US in 2010.[3]
- Blacks are 8 times more likely to contract chlamydia compared to whites; Native Americans and Hispanics are 4.3 and 2.7 times more likely, respectively.[3]
- Blacks are 18.7 times more likely to contract gonorrhea than whites; Native Americans and Hispanics are 4.6 and 2.2 times more likely, respectively.[3]

EPT Saves States Money!

- An estimated $850 million is spent annually treating chlamydia and gonorrhea.[4] EPT can decrease these costs by reducing the spread of infections and reliance on public services to treat STDs.
- If left untreated, chlamydia and gonorrhea can progress to pelvic inflammatory disease (PID) in women, resulting in additional treatment costs of $1,167 per case of PID.[5] Both infections are also a common cause of infertility.[6,7] Because EPT increases STD treatment rates,[6,7] it may decrease the number of cases of chlamydia and gonorrhea that lead to infertility and PID.
- Both chlamydia and gonorrhea change the immune system and may increase a person's chances of contracting HIV if exposed to the virus.[8,9] For every HIV infection that is prevented, an estimated $355,000 is saved in the cost of providing lifetime HIV treatment, resulting in significant cost-savings for the health care system and state coffers.[10] EPT may be an effective HIV prevention tool, and cost saver, because it reduces chlamydia and gonorrhea rates.

What Can State Policymakers Do?

EPT can be a challenging topic since each state has different medical practice laws. In some states, regulations by medical boards prohibit doctors from using EPT. In others, statutes may prevent the practice of EPT. As referred to previously, the CDC's EPT website (www.cdc. gov/std/ept/legal) can help legislators understand the legal landscape in their state. In addition, state policymakers can:

- Learn More – Talk to your state's STD director to discuss if EPT can be implemented in your state and the potential public health impact.
- Educate Others – Talk to other policymakers about how many people are infected with chlamydia and gonorrhea and the consequences of persistent infections.
- Talk to Us – The National Coalition of STD Directors and the Council of State Governments are ready to provide officials with information about EPT and its potential impact on STDs. Contact us at:
  - Burke Hays, State Policy Associate, at the National Coalition of STD Directors (StatePolicy@ncsddc.org 202-842-4660, www.ncsddc.org)
  - Debra Miller, Director of Health Policy, at the Council on State Governments (dmiller@csg.org or 859-244-8241, www.csg.org)

- The National Coalition of STD Directors (NCSD) is a partnership of public health professionals dedicated to promoting sexual health through the prevention of STDs. NCSD provides dynamic leadership that strengthens STD Programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of their medical and social impact.
- The Council of State Governments is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy. This offers unparalleled regional, national and international opportunities to network, develop leaders, collaborate and create problem-solving partnerships.

1. Golden, Matthew R., et al. "Effects of Expedited Treatment of Sex Partners on Recurrence of Persistent Gonorrhea or Chlamydia Infections." New England Journal of Medicine. 2005; 352:7, 676-85.
2. Centers for Disease Control and Prevention. "Expedited Partner Therapy." Atlanta, GA: US Department of Health and Human Services. Access February 2, 2012 via: http://www.cdc.gov/std/ept/
3. Centers for Disease Control and Prevention. "2010 Sexually Transmitted Diseases Surveillance." Atlanta, GA: US Department of Health and Human Services. Access February 2, 2012 via: http://www.cdc.gov/std/stats10/gonorrhea.htm
4. Chesson, H.W.; Blandford, J.M.; Gift, T.L.; Tao, G.; Irwin, K.L. "The Estimated Direct Cost of STD Among American Youth, 2000." Abstract PO75. National STD Prevention Conference. Philadelphia, PA. March 8-11, 2004.
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6. Centers for Disease Control and Prevention. "Gonorrhea – CDC Fact Sheet." Access on February 2, 2012 via: http://www.cdc.gov/std/gonorrhea/STDFact-gonorrhea.htm
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9. Fleming, DT & Wasserheit, JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. 1999; 75(1): 3-17.
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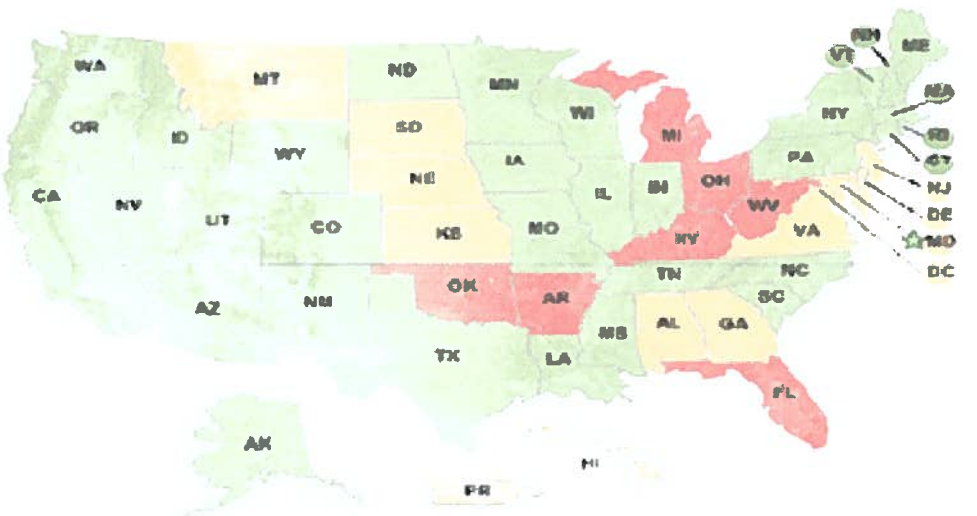
Sexually Transmitted Diseases (STDs)

Legal Status of Expedited Partner Therapy (EPT)

The information presented here is not legal advice, nor is it a comprehensive analysis of all the legal provisions that could implicate the legality of EPT in a given jurisdiction.

To view information for each state, click on state in the map below. Summary Totals are here (totals.htm) .



Summary Totals

EPT is permissible in 32 states:	EPT is potentially allowable in 11 states:	EPT is prohibited in 7 states:
Alaska Arizona California Colorado Connecticut Idaho Illinois Indiana Iowa Louisiana Maine Massachusetts Minnesota Mississippi Missouri Nevada New Hampshire New Mexico New York North Carolina North Dakota Oregon Pennsylvania Rhode Island South Carolina Tennessee Texas Utah Vermont Washington Wisconsin Wyoming ✩ **Exception:** EPT is permissible in Baltimore, Maryland.	Alabama Delaware Georgia Hawaii Kansas Maryland Montana Nebraska New Jersey South Dakota Virginia **EPT is potentially allowable in** District of Columbia and Puerto Rico.	Arkansas Florica Kentucky Michigan Ohio Oklahoma West Virginia